ATLANTIC CITY AIR NATIONAL GUARD BASE

Questionnaire for Community Involvement Plan Update

Thank you for agreeing to provide the Air National Guard (ANG) with information about the most effective communication methods for stakeholders interested in the environmental cleanup activities at the Atlantic City ANG Base (ANGB). The Environmental Restoration Program (ERP) focuses on investigating and addressing contamination that occurred in the past due to spills, leaks, or historical practices that are no longer acceptable under today's environmental regulations. In addition to ongoing environmental projects to address other contaminants, the ANG is conducting an investigation and cleanup process to address the use of firesuppressing materials at the airfield that contained per- and polyfluoroalkyl substances (PFAS).

The questionnaire results will be summarized and included in the Atlantic City ANGB Community Involvement Plan update to be posted on the Administrative Record (https://ar.afcec-cloud.af.mil/). This questionnaire is voluntary, confidential, and a greatly appreciated community service.

*In	*Indicates that an answer is required				
Ва	Background				
1.	What is your home zip code?*				
2.	How long have you lived and/or worked in the area?*				
		0–4 years			
		5–9 years			
		10–14 years			
		15–19 years			
		20–29 years			
		30 or more years			
3.	Ho	w would you describe your role in the community? (check all that apply)			
		Local resident			
		Local business owner			
		Local employee			
		Public or elected official			
		Representative of an environmental organization			
		Representative of a homeowners' association or civic group			
		Community leader (please describe)			
	Coi	mment:			

Environmental Investigation Knowledge and Interest

4.	Are you aware of ongoing environmental restoration activities being conducted at Atlantic City ANGB?*								
		No							
		Yes							
lf y	es,	when did you f	first become av	ware of	the ERP at Atlan	itic City ANG	B?		
5.	Но	How familiar are you with the PFAS environmental investigations at Atlantic City ANGB? *							
		No knowledge							
		Somewhat kno	wledgeable						
		Very knowledge	eable						
6.	Are	there aspects o	of the ERP at Atl	antic City	ANGB that inter	est you? Ple	ase rate your level o	of interest:	
	1 no	ot interested	2 slightly inter	ested	3 moderately ir	nterested	4 very interested		
		Health and Safe	ety	1	2	3	4		
		Economic		1	2	3	4		
		Environmental		1	2	3	4		
		Other aspects t	that interest me	are:					
Co	mm	unications							
7.	How do you typically get <i>local</i> community news in general? Please check all the boxes that apply and provide details (websites, newspapers, radio and television stations, etc.) in the comment box*.								
		Social media such as Facebook, Twitter, YouTube							
		Print newspape	er						
		Online newspa	per						
		Television news	S						
		Radio/Podcast							
		Websites							
		Community org	ganizations						
		Word of mouth							
		Other (please comment)							
		ase use this box ganizations you u		-		levision or ra	idio stations, websi	tes, or	

8.	How would you like to get information about the Atlantic City ANGB environmental investigation and remediation projects? Please check up to <i>five</i> preferred methods: *								
		Direct mail							
		E-mail							
		Fact Sheet							
		Public Notice							
		Postcard							
		News Publication							
		Website							
		Public Community Meeting or Open House							
		Restoration Adviso	ory Board (RAB)						
		Live Stream Event							
		Pre-recorded Event							
		Social Media							
		Other:							
	Ple	ase use this box to	indicate specific social r	media out	lets you recomm	end using.			
9.	Ho	w often would you	like to receive informat	ion? *					
		Monthly							
		Quarterly							
		Annually							
		Significant milestones/as information becomes available							
10.	What has your experience been with the Atlantic City ANGB, the New Jersey Department of Environmental Protection (NJDEP), Atlantic County, or any other agencies regarding the Base? *								
		o experience perience	2 poor experience	3 adeq	uate experience	4 good experience	5 excellent		
		Atlantic City ANG	1	2	3	4	5		
		NJDEP	1	2	3	4	5		
		Atlantic County	1	2	3	4	5		
		Other	1	2	3	4	5		
	Please provide further comments such as persons, agency and/or organization, if desired.								
Puk	olic I	Meetings							
11.	Wo	ould you be interest	ed in participating in a	public me	eting? *				
		No (If no, go to Qu	estion 17)						
		Yes (If yes, continu	ue to Question 12)						

12.	Wh	Vhat days are best for you (select all that apply)? *		
		Monday		
		Tuesday		
		Wednesday		
		Thursday		
		Prefer to view on my own time		
13. What time of day would be best for you (select all that apply)? *				
		Morning		
		Afternoon		
		Early evening (5:00)		
		Late evening (7:00)		
		Prefer to view on my own time		
14.	Wh	at style of meeting would you prefer (Please check up to three)? *		
		Conference call with handouts sent ahead of time		
		Prerecorded presentation		
		Virtual meeting		
		In-person open house (poster discussion format)		
4-		In-person presentation and discussion format		
15.		you have reliable internet access and a computer or smartphone to access websites or participate in an ine meeting? *		
		No		
		Yes		
	Not	tes/comments:		
16.	Do	you have a suggestion for a place to hold an in-person meeting? *		
		No		
		Yes: Please List		
17.	Are	you involved with any community groups or organizations?		
		No		
		Yes: Please List		
18.		here anyone else we should add to our contact list?		
	Name:			
	Phone/Email:			
	Car	n we use you as a reference?		
	Yes	No		
	Is tl	here anything else you would like to share about the ERP at Atlantic City ANGB?		

19. Your responses are confidential. ANG will not share your contact information. If you select any of the following options, then please fill out the appropriate contact information.					
□ Please include me on updates by mail.					
		Please include me on updates by email.			
		I'm interested in learning more about potential RAB membership.			
Nan	ne:				
Affi	liati	on(s):			
Mai	ling	address:			
Loc	al p	roperty address (if different from mailing address):			
Ema	ail: _				
Phone:					
Preferred language for communication					
		English			
	□ Spanish				

Thank you for your time and valuable input! Please return completed forms to Nina at npoppe@dawsonohana.com. You may also email to schedule to complete the questionnaire over the phone.